

E-filed on **January 23, 2015****Ryan A. Andersen**

Name

**12321**

Bar Code #

**415 South 6th Street,  
Suite 203B  
Las Vegas, NV 89101**

Address

**702-522-1992**

Phone Number

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA**In re: **Thomas C Smith  
Annette M Smith**Case No.: **15-10105**Chapter: **7**

Trustee

Debtor(s)

**AMENDMENT COVER SHEET**

The following items have been amended in the above named bankruptcy proceeding (check all applicable boxes).

- ☐ Voluntary Petition (specify reason for amendment)
- ☒ Summary of Schedules
- ☐ Statistical Summary of Certain Liabilities
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as exempt
- ☒ Schedule D, E, or F, and/or Matrix, and/or List of Creditors or Equity Holders
- ☒ Add/delete creditor(s), change amount or classification of debt - **\$30.00 Fee required**
- ☒ Add/change address of already listed creditor - **No fee**
- ☒ Schedule G - Schedule of Executory Contracts and Unexpired Leases
- ☐ Schedule H - CoDebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)
- ☒ Declaration Concerning Debtor's Schedules
- ☐ Statement of Financial Affairs and/or Declaration
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Disclosure of Compensation of Attorney for Debtor(s)
- ☐ Statement of Current Monthly Income and Means Test Calculation
- ☐ Certification of Credit Counseling
- ☐ Other:

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**Amendment of debtor(s) Social Security Number requires the filer to follow the instructions provided by the Office of the U.S. Trustee, see link to the U.S. Trustee's website on our website: [www.nvb.uscourts.gov](http://www.nvb.uscourts.gov)**

**Declaration of Debtor**

I (We) declare under penalty of perjury that the information set forth in the amendment(s) attached hereto is (are) true and correct to the best of my (our) information and belief.

/s/ Thomas C Smith

Thomas C Smith

**Debtor's Signature**

**Date:** January 23, 2015

/s/ Annette M Smith

Annette M Smith

**Joint Debtor's Signature**

**Date:** January 23, 2015

B6 Summary (Official Form 6 - Summary) (12/14)

**United States Bankruptcy Court**  
**District of Nevada**

In re **Thomas C Smith,**  
**Annette M Smith**

Debtors

Case No. **15-10105**Chapter **7**

**SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>47,269.43</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>52,670.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>2</b>		<b>198,036.79</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>2,470.20</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,017.00</b>
Total Number of Sheets of ALL Schedules		<b>15</b>			
Total Assets			<b>47,269.43</b>		
Total Liabilities				<b>250,706.79</b>	

**United States Bankruptcy Court**  
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Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6F (Official Form 6F) (12/07)

In re **Thomas C Smith,  
Annette M Smith**Case No. **15-10105**

Debtors

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxx0407</b>  <b>AmTrust, North America ATTN: BANKRUPTCY DEPT 800 Superior Ave E, 21st Floor Cleveland, OH 44114</b>	<b>C</b>	<b>Workers Comp. Insurance BUSINESS DEBT</b>				<b>Unknown</b>
Account No. <b>xxxxxx0751</b>  <b>Cap Specialty, Premium Billing ATTN: BANKRUPTCY DEPT PO Box 5900 Madison, WI 53705</b>		<b>Liability Insurance for Thoroughbred Lawn Care BUSINESS DEBT</b>				<b>1,612.00</b>
Account No.  <b>Equus Investment Group, LP c/o Gatski Commercial RE Associates 4755 Dean Martin Drive Las Vegas, NV 89103-4141</b>	<b>C</b>	<b>Commercial Lease for 3140 Polaris, Unit# 43, Las Vegas, NV 89102 BUSINESS DEBT</b>		<b>X</b>		<b>Unknown</b>
Account No.  <b>Grover A. DuBose, AKA DuBose Fam. Trust c/o Atria 3250 S. Fort Apache Rd Las Vegas, NV 89134</b>	<b>C</b>	<b>Damages from prepetition abandonment of leased premises located at 10716 Bennington Court, Las Vegas, NV</b>	<b>X</b>			<b>Unknown</b>
Subtotal (Total of this page)						<b>1,612.00</b>

1 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas C Smith,  
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Debtors

**AMENDED****SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxxxxxxxxxxx1380</b>	<b>C</b>		<b>Electrical service for business- Polaris shop BUSINESS DEBT</b>				<b>25.13</b>
<b>NV Energy ATTN: BANKRUPTCY DEPT PO Box 98910 Las Vegas, NV 89151-0001</b>							
Account No. <b>xxx0691</b>	<b>C</b>		<b>Postage Meter Lease Rejection Damages BUSINESS DEBT</b>				<b>Unknown</b>
<b>Pitney Bowes ATTN: BANKRUPTCY DEPT 2225 American Drive Neenah, WI 54956-1005</b>							
Account No. <b>xxxxx2540</b>	<b>C</b>		<b>Cell Phones BUSINESS DEBT</b>				<b>407.40</b>
<b>TMobile ATTN: BANKRUPTCY DEPT PO Box 37380 Albuquerque, NM 87176-7380</b>							
Account No. <b>x6748</b>	<b>C</b>		<b>Alarm system for business- Polaris shop BUSINESS DEBT</b>				<b>150.00</b>
<b>Total Safety Inc. ATTN: Bankruptcy Dept 9555 Del Webb Blvd. Las Vegas, NV 89134</b>							
Account No. <b>x9199</b>	<b>C</b>		<b>Alarm system for business-Bennington office BUSINESS DEBT</b>				<b>105.00</b>
<b>Total Safety Inc. ATTN: Bankruptcy Dept 9555 Del Webb Blvd. Las Vegas, NV 89134</b>							
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal (Total of this page)</b>
							<b>687.53</b>
Total (Report on Summary of Schedules)							<b>2,299.53</b>

In re **Thomas C Smith,  
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Debtors

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES - AMENDED**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
<b>Equus Investment Group, LP c/o Gatski Commercial RE Associates 4755 Dean Martin Drive Las Vegas, NV 89103-4141</b>	<b>Commercial lease for 3140 Polaris, Unit \$43, Las Vegas, Nevada 89102</b>
<b>Grover A. DuBose, AKA DuBose Fam. Trust c/o Atria 3250 S. Fort Apache Rd. Las Vegas, NV 89134</b>	<b>Lease for Debtors' previous primary residence</b>
<b>Pitney Bowes ATTN: BANKRUPTCY DEPT 2225 American Drive Neenah, WI 54956-1005</b>	<b>Lease of Postage Meter for Thoroughbred Lawn Care</b>

**United States Bankruptcy Court  
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Annette M Smith**

Debtor(s)

Case No. **15-10105**  
Chapter **7**

**AMENDED  
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing document(s), consisting of   5   page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date **January 23, 2015**

Signature **/s/ Thomas C Smith**  
**Thomas C Smith**  
Debtor

Date **January 23, 2015**

Signature **/s/ Annette M Smith**  
**Annette M Smith**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.